



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 012600002

CITY OR TOWN BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GREEN STREET PLPS LLC

DOING BUSINESS AS MOUNT PLEASANT COUNTRY CLUB

ADDRESS 369 CROSS ST.

CITY/TOWN: BOYLSTON

STATE: MA

ZIP CODE: 01505

MANAGER: LYNCH, BRIAN

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS ON FIRST FLOOR, STORAGE ON SAME WITH 8 ENTRANCES AND EXITS IN ONE STORY BUILDING AND ALSO A PATIO ON NORTH SIDE OF SWIMMING POOL ON CROSS ST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 012600003

CITY OR TOWN BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHAUGHNESSY FAMILY ENTERPRISES, INC.

DOING BUSINESS AS THE OTHER PLACE PUB

ADDRESS 71 SHREWSBURY ST

CITY/TOWN: BOYLSTON

STATE: MA

ZIP CODE: 01505

MANAGER: SHAUGHNESSY, ROBERT E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING, 2 STORE ROOMS, KITCHEN, BAR, LOUNGE DINING ROOM, 2 LAVS AND OFFICE

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 012600004

CITY OR TOWN BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DRAGON 88, INC.

DOING BUSINESS AS DRAGON 88

ADDRESS 260 SHREWSBURY ST

CITY/TOWN: BOYLSTON

STATE: MA

ZIP CODE: 01505

MANAGER: CHOW, TOY MING TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS, ONE FLOOR LEVEL TO SHREWSBURY ST AND BOTTOM FLOOR LEVEL TO REAR PARKING. 2 ENTRANCES; ONE FACING BOTH LEVELS ONE EMERGENCY EXIT DOOR AND DECK FACING REAR PARKING LOT.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 012600006

CITY OR TOWN BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOYLSTON WINE & LIQUORS,LLC

DOING BUSINESS A VINNY C'S BOYLSTON LIQUORS

ADDRESS 63 SHREWSBURY ST.

CITY/TOWN: BOYLSTON

STATE: MA

ZIP CODE: 01505

MANAGER: CASAMASSIMA,
VINCENT JR

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE ENTIRE STEEL AND CINDERBLOCK BLDG; STORE AREA WITH ONE FRONT AND ONE REAR EXIT

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 012600009

CITY OR TOWN BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CYPRIAN'S, INC.

DOING BUSINESS AS

ADDRESS 284 EAST TEMPLE STREET

CITY/TOWN: BOYLSTON

STATE: MA

ZIP CODE: 01505

MANAGER: INANGELO, ROBERT
TYPE OF LICENSE: General on
T J. premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GOLF CLUBHOUSE WITH 3 ROOMS ON FIRST FLOOR AND PATIO 2 ROOMS AND
BALCONY ON SECOND FLOOR, HALFWAY HOUSE

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 012600010

CITY OR TOWN BOYLSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WORCESTER COUNTY HORTICULTURAL SOCIETY, INC.

DOING BUSINESS AS TOWER HILL BOTANIC GARDEN

ADDRESS 11 FRENCH DRIVE

CITY/TOWN: BOYLSTON

STATE: MA

ZIP CODE: 01505

MANAGER: HOOPER,
STEPHANIE

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

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